Family Camp Dates__________________________

Health History and Examination Form

Family Camp

The information on this form is not part of the family acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled in by parents/guardians of minors and by adult participants.

First Adult Name ____ Birth date ________________________

Second Adult Name____ Birth date _______________________

Family address ____
Street address *City* *State* *Zip*

Family Phone Number______________________________ Cell Number_________________________________

First Child Name ____ Birth date _______________________

Gender: _____ male _____ female Age at Camp________

Second Child Name ____ Birth date ___________________

Gender: _____ male _____ female Age at Camp________

Third Child Name ____ Birth date ___________________

Gender: _____ male _____ female Age at Camp________

Fourth Child Name ____ Birth date ___________________

Gender: _____ male _____ female Age at Camp________

(Please use the back of the last sheet for any additional family members)

Emergency Contact Name ____ Phone ______________________

Relationship to Family ____

Insurance Information

Are the participants covered by family medical/hospital insurance? _____ Yes _____ No

If so, indicate carrier or plan name ____ Group # _________________

Carrier address ____

Name of insured __________________________________Relationship to participants_______________________

Social security number of policyholder or insurance ID number ____

Allergies/Restrictions (Medication, Food, Insect Stings, Hay Fever, Animal Dander etc.) Please indicate below any allergies, dietary restrictions, and restrictions placed on activities for each participant.

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Additional Information Please provide us with any other information regarding serious health conditions which may have a bearing on your participation in activities and which may pose a problem during your stay.

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I agree to dispense any and all medications to myself and to my children attending Family Camp according to the doctor's indications. In the event that I do not dispense medications needed, or they are dispensed incorrectly I will, in no way, hold Camp Talooli or Camp Fire USA responsible.

Signature of Parent/Guardian ______________________________________ Date ____________________